

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCH NO. 069592

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
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5	1		/			
6	1		/			
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8	1		/			
9	2		/			
10	1		/			
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12	1		/			
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OTAL DEP.			37			
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	IND.	DEP.	IND.	DEP.
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TOTAL IND.				
TOTAL DEP.				
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